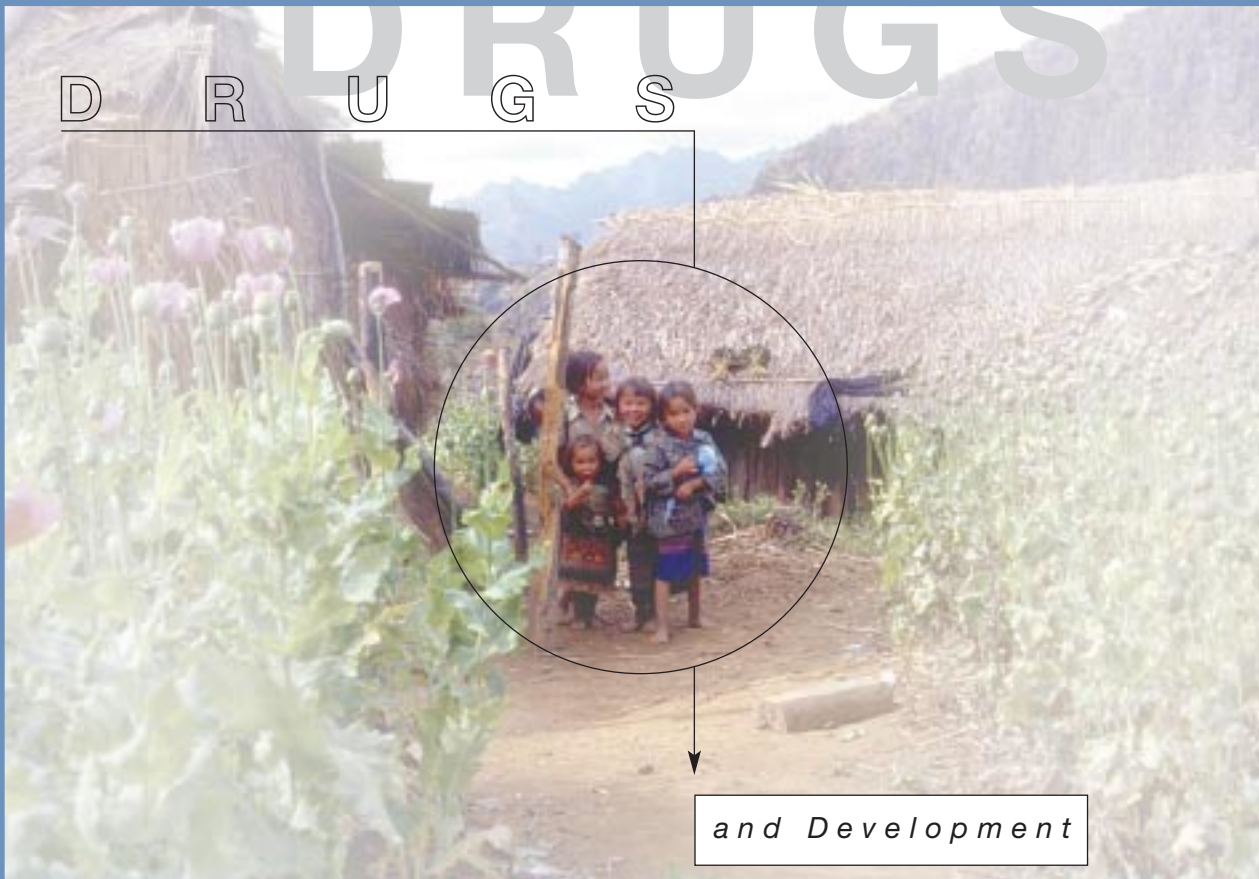


D R U G S



## Drugs and Development

Policies, strategies and experience  
in drug control within the framework  
of development cooperation

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## Cover

Children in Laos: Drug control within the framework of development cooperation focuses on people.

## Preface

»The drug problem is one of the great challenges facing the world at the end of the 20th century. National measures to confront this problem, though important, are insufficient in themselves, which is why Chancellor Helmut Kohl, in the National Drug Control Plan, is calling for intensified international cooperation in this field.

Drug-related problems are also development problems. Often it is poverty and lack of economic alternatives that drive farmers to grow narcotic crops. And many developing countries are not only planting more and more of these crops but are also increasingly hit themselves by drug use and the effects of drug trafficking. This situation gives rise to a particular role for development cooperation, because even if the demand for drugs were to be curtailed in the industrialised countries, the problem in developing countries would remain.

German development cooperation accepts this responsibility: it is prepared to support drug control in developing countries with a multitude of instruments, including technical and financial cooperation, training and upgrading, and cooperation with the United Nations and the European Union.

In the course of the last twenty years, approaches in this field have been substantially improved. The crop substitution projects of the early 1970s have yielded to strategies for alternative development, prevention of drug use, and drug control. German development cooperation has made significant contributions to the evolution of these concepts. It has made a commitment to drug control strategies that are consistent with development principles and particularly with human rights.

Drug control within the framework of development cooperation does not claim to be able to solve drug problems world-wide. But it does contribute to reducing such problems and to promoting development processes as well. Experience shows that it can be done. Development measures are often more sustainable, more promising, and more readily accepted than are strategies based on repression alone.

It is important in future work to introduce the elements of development ever more substantially into drug control and to employ the entire range of political tools to counter this global challenge effectively.

This publication presents the policies, strategies and instruments of drug control as a part of development cooperation, taking three countries as examples of how measures may be applied on site. It attempts to show that more is involved than just substituting strawberries for opium-poppies or cocoa for coca. Well-thought-out drug control measures help people to free themselves from illegal entanglements and to find new perspectives in their lives.«



Carl-Dieter Spranger  
Federal Minister  
for Economic Cooperation  
and Development

April 1998



# 1 Drugs in an era of global change



Social change brings challenges ...

Drug-related problems are among the global challenges that hit industrial and developing countries with equal force.

For a long time, developing countries were classified only as suppliers who produced the drugs that were consumed in the industrial societies of the West. It has since become apparent, however, that developing countries are themselves affected by the drug problem.

In such countries, development problems nurture production, trafficking and consumption of illegal drugs. Drug-related problems exacerbate poverty, health and other development problems and erode the frame conditions for sustainable human development.

In the process, drug and development problems are related to one another not only on the local or national level, but across national borders on the regional and global levels. Criminal organisations operate world-wide. To some extent, drugs, precursor chemicals, and drug production technology and know-how are imported from industrial to developing countries. Globalization has long been a reality in the drug business.

Development cooperation (DC) is confronting the constellation that has resulted from the link between drugs and development problems with concepts, strategies and instruments that could contribute to reducing the drug problem. These are presented here following a brief survey of the current drug situation.

In confronting drug problems, German development cooperation can draw on two decades of experience: examples from Peru, Thailand and Colombia illustrate what can be done.

## The dimensions of the drug problem

The United Nations International Drug Control Programme (UNDCP) estimates that in 1990 almost 450 million persons abused drugs worldwide: more than half of them taking tranquillisers and similar substances, 141 million cannabis, 30 million amphetamines and a further 26 million hallucinogens.

### Drugs

By ›drugs‹, we mean several hundred substances subject to international regulation. Most of these substances may be used for medicinal or scientific purposes. They are not ›combated‹, but rather ›controlled‹. Several substances are entirely forbidden, including heroin and cocaine. The basic ingredient for heroin is opium, which is derived from the opium poppy. Illegal opium-poppy cultivation takes place primarily in Asia. Cocaine is produced by processing coca leaves, which are grown in Bolivia, Colombia and Peru. In addition to these substances, synthetic drugs – among them amphetamines – are also gaining significance in developing countries.

Cocaine (including ›crack‹) was consumed by 13 million persons and heroin by 8 million. The global turnover of the illicit drugs industry was estimated by the UNDCP at US\$ 300-400 billion in 1995.

### North America

Among the industrialised countries, the USA is considered the largest market for drugs. Five hundred thousand Americans regularly use heroin and more than two million use cocaine (including ›crack‹). US-Americans are supposed to have spent more than US\$ 48 billion in 1993 for cocaine, heroin and cannabis.

### Europe

The countries of the European Union (EU) also face a substantial drug problem. According to the 1997 report of the European Monitoring Centre for Drugs and Drug Addiction (EMCDD), cannabis is the most broadly distributed illegal

drug among the EU countries, followed at a considerably distance by amphetamines, cocaine and heroin.

A conservative estimate numbers heroin addicts living in the EU at between 750,000 and 1,000,000. Heroin use is in many respects particularly problematical. The risk of death among heroin addicts who inject the drug – most of them males between 20 and 35 years of age – is 20 to 30 times higher than among non-users in this age group. The use of contaminated needles is the main cause of HIV/AIDS transmission and hepatitis C.

According to the EMCDD report, there were at least 6,500 illegal-drug-related deaths in the EU in 1995, of which more than 1,500 were in the Federal Republic of Germany. The social cost of heroin abuse in Germany – including costs for police, drug-related offences, loss of productivity, preventive measures, treatment, etc. – was estimated in 1992 at more than DM 13 billion.



... in many societies.

## Asia

From the 18th to the 20th century, opium was produced for commercial purposes in several Asian countries and exported. China, above all, following the Opium Wars (1840-42 and 1856-60), was forced to open its markets to opium from India. As a result, in the 19th and early 20th centuries, more opiates were consumed in China than are consumed today in the entire world.



In Southeast Asia, the opium poppy is cultivated mostly by ethnic minorities.

Two countries – Afghanistan and Myanmar (Burma) – now produce more than 90% of the world's illegal opium. With around 2,800 tonnes (1997), Afghanistan is the leading producer of opium and the most significant source of heroin in Europe. Iran, Turkey and, increasingly, the Central Asian republics as well, are the most important transit countries. However, the bulk of the opium and heroin produced remains within the region and is consumed in neighbouring countries – primarily in Pakistan.

Estimates for production in Myanmar range from 800 to 2,500 tonnes of opium annually. It is characteristic of Myanmar and other opium-producing countries in Southeast Asia – Laos, Thailand and Vietnam – that the opium poppy is mostly cultivated by ethnic minorities. Myanmar is a major source of the heroin consumed in the USA.

There are problems with drug abuse in almost all of the countries of Asia. In Laos, for example, most of the opium harvest is smoked by more than 40,000 addicts, mostly in regions inhabited by minority groups. In Vietnam, there are some 200,000 addicts, of whom those in rural areas mostly smoke the opium, while those in cities also inject it. In Myanmar, several hundred thousand people use heroin and other illegal drugs, and more and more are turning to using heroin by injection.

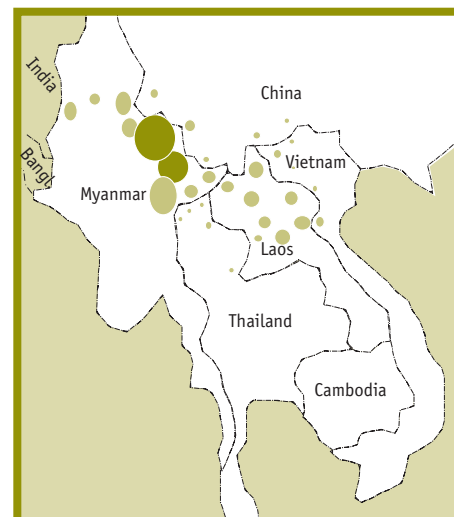
Heroin is widely used throughout southern China, too. A 1993 study on the use of drugs in Thailand estimated the number of drug users to be at least 1.26 million. Of particular concern is the fact that the use of amphetamines and similar substances is becoming increasingly widespread among school children there. In Southeast Asia, metamphetamines are produced specifically to target local and regional markets.



● Poppy-growing regions of Southwest and Central Asia

Pakistan is judged to have the highest rate of heroin consumption in the world. Although at the start of the 1980s only about 30,000 people regularly used heroin, a study in 1993 showed more than 1.5 million – more than the USA and Europe together – most of whom smoked it. In several cities, however, a trend to the use of needles may be observed. There are several hundred thousand persons addicted to opium and heroin living in Iran, too.

*It is essential to keep in mind that the main portion of the drugs produced in Asia remains in Asia. Asian countries have themselves become significant markets for illegal drugs.*



● Poppy-growing regions of Southeast Asia

## Latin America

Coca has been used in Latin America for several thousand years for ritual, medicinal and social purposes. Today, the production of coca and cocaine is concentrated in a few countries. The coca bush, from whose leaves cocaine is eventually derived, is cultivated in three Latin-American countries. Of an estimated 200,000 hectares planted world-wide, 45 percent are in Peru, 30 percent in Colombia and 25 percent in Bolivia. A major portion is processed into cocaine in Colombia.

In Peru, and even more in Bolivia, a certain amount of coca leaves is planted legally for traditional uses. In Latin America, several hundred thousand persons use coca leaves in the traditional and legal manner – for example, in the form of tea, or by chewing them. The effects of such consumption are not considered to be detrimental.

Colombia and Mexico are also among the countries that produce opium and process heroin from it – 50 to 70 tonnes of opium per year each.



■ Coca-growing regions of the Andes      ■ Poppy-growing regions

In most of the Latin-American countries, however, it is the legal drug alcohol that causes the greatest problems because of its link to violence. So far, the consumption of illegal drugs is less marked than in Asia. This is also true of Colombia, despite the availability of coca paste and cocaine at low prices. However, the increase in the use of coca derivatives among street children and young people in Bolivia, Colombia and Peru is cause for concern. Brazil and other countries are also facing increases in drug use.

## Africa

Since the end of the 1980s, Africa has been a hub of the international drug trade, with Nigeria assuming a prominent role. Heroin from Asia and cocaine from Latin America are forwarded from Nigeria to Europe and America. In many African countries, cannabis is grown, with Morocco as the major producer. In Africa, too, an increase in the use of illegal drugs has been detected, with cannabis being the drug most widely distributed. In eastern and southern Africa, methaqualone is often used. In a number of countries, inhalants, sleeping aids and tranquillisers are also abused. In some countries – among them Nigeria – the use of heroin and cocaine is increasing.

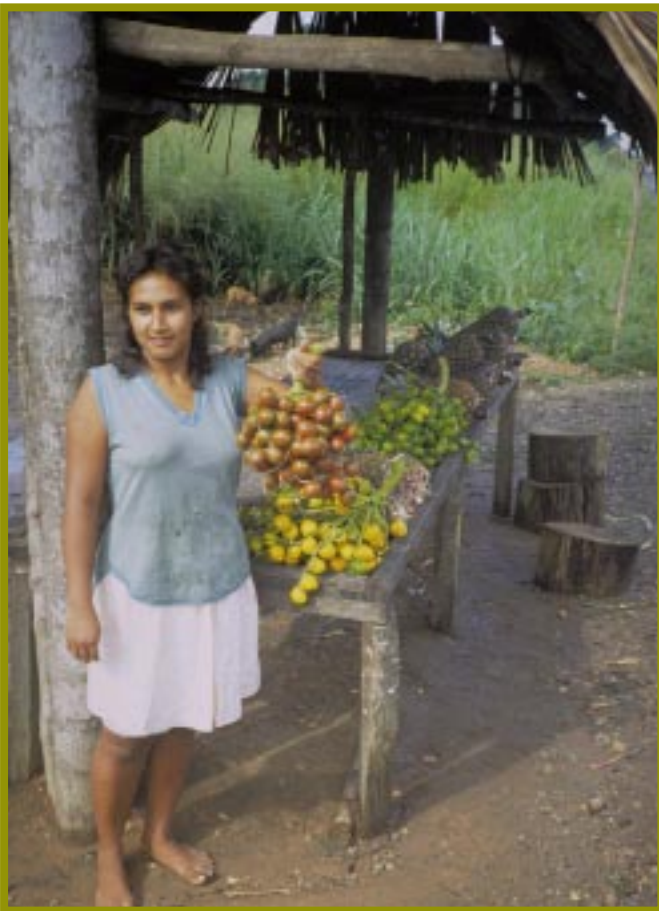


Coca is cultivated in only a few countries, among them, Peru.

## Drugs and development problems

### Development problems foster drug problems

Drugs and development problems are often linked to one another in a number of ways. Among the factors that give rise to drug production, trafficking and consumption are poverty, problems connected with social and economic change, the marginalisation of socially weak or ethnic groups, and political frame conditions:



In Peru, the problem people in remote areas have marketing legal products is one of the reasons why they produce drugs.

- ▶ Marginalisation and remoteness also characterise the coca-growing areas of the countries of the Andes. Periods of economic recession, lack of opportunity in the cities or reductions in the number of jobs in traditional sectors, such as mining, compel many people to earn a living by means of illegal activities. More and more people are emigrating to remote areas to cultivate coca as migrant squatters in search of opportunity.
- ▶ Political frame conditions are often decisive for whether or not narcotic crops are planted in an area with development problems. In Southeast Asia, the key factor often is the strained relations between the government and ethnic minorities. Political and financial interests have also come to play a role. In Afghanistan, war, the collapse of state structures, the political fragmentation of the country, and not least the stance of local leaders could be viewed as decisive for the expansion of opium production. In the countries of the Andes, not only are guerrilla movements, problems with security and conflicts in the producing areas, corruption and organised crime (the ›drug cartels‹) significant, but also external factors, such as price ratios on the world market for legal products or the demand from other countries for cocaine.
- ▶ The reasons vary for the increase in drug use in developing countries: poverty, lack of favourable prospects for the future, social pressure, stress, and the weakening or dissolution of social structures as a result of social and economic change. The use of drugs under circumstances such as these is not to be compared with the use of drugs that is traditional in certain societies.
- ▶ The international drug trade also benefits from improvements in transport and communication infrastructure and from the growth of world trade as a whole. In many locations, a lack of resources, inadequate training and equipping of state authorities, but also widespread corruption and a lack of political will complicate more effective control of drug trafficking.
- ▶ The cultivation of narcotic crops is often spurred by income difficulties and poverty. In the minority areas of Southeast Asia and the poppy-growing regions of Southwest Asia, people can hardly provide for their basic needs solely by growing rice, wheat and other legal produce. Their access to farmland and non-agricultural income opportunities, to markets, health facilities and education, and to political decision-making processes is limited.

## Drug problems exacerbate development problems

In the short term, farmers can derive income from producing drugs to make up for a temporary lack of funds. Serious problems, however, result from such a course:

- ▶ Drug production leads to economic dependence and to the adjustment of economic structures to illegal markets. Local social and political structures often adapt to such shifts, and this reinforces the marginalisation of drug producing areas.
- ▶ Drug production hardly ever leads to socially and economically sustainable development processes.
- ▶ Drug production can lead to drug consumption. In Asia, most of the drugs produced are used in producer or neighbouring countries. In the countries of the Andes, too, an increase in drug use may be observed.
- ▶ Increased drug use in developing countries increases health problems there, too. In South-east Asia – including Myanmar, Thailand and Vietnam – the use of needles for injecting drugs is closely linked to the spread of HIV/AIDS.
- ▶ Drug use increases poverty. In the cities, the cost of drugs and of reduced productivity and job problems resulting from drug use all contribute to poverty. In rural areas, too, drug consumption is not so much considered a health problem as a cause of poverty.
- ▶ Drug use weakens social structures. In many countries, drug consumption – above all by men – contributes to the problems of women and leads to violence against them.
- ▶ In Latin America, the environment of drug-dealing, crime, violence and prostitution is detrimental to family structures and to the social situation of women.
- ▶ In Central and South America, and also in Africa, consumption of drugs leads to the continuing marginalisation of street children and the collapse of family structures.

- ▶ The drug business contributes to violence, conflict and crime. It fosters corruption, weakens public institutions, undermines the rule of law and challenges the legitimacy of state authority. Drug trafficking is often connected with organised crime. Criminal organisations take advantage of the opportunities of globalization and turn it to their own ends. Developing countries or countries in which economic and political reform have just begun – among them the Central Asian republics – are particularly vulnerable.



In Laos, as elsewhere, drug production does not contribute to sustainable human development: On the contrary, it intensifies development problems.

## 2 An holistic concept

### ***BMZ: Development cooperation and drug control***

The German government views development policy as a policy for securing the future on a global scale. As a part of a world-wide partnership and of the communal responsibility shared by industrialised and developing countries, development policy aims to support the natural foundations of life, to reduce the causes for flight, to prevent or defuse crises, to promote sustainable societal, economic and social reforms and to reduce poverty.

One of the global challenges is the drug problem. Drug problems and development problems are often closely interwoven. This is why development cooperation (DC) plays a special role in international efforts for drug control.

In April 1995, the ›Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung‹ (German Federal Ministry for Economic Cooperation and Development, BMZ) published the ›Concept Drug Control within the Scope of Development Cooperation‹ elucidating the opportunities and limitations as well as the significance of development cooperation in this field.



A workshop in Thailand: International cooperation supplements national measures.

#### ***The National Drug Control Plan***

*The 1990 National Drug Control Plan for the Federal Republic of Germany includes measures to be taken within Germany itself:*

- ▶ *reduction of demand for drugs within Germany*
- ▶ *combating drug-related crime within Germany*
- ▶ *legislative measures*

*Numerous governmental and non-governmental institutions are involved in these measures. Since drugs are a global phenomenon, the plan has a broader dimension in international cooperation, comprising – in addition to bi- and multilateral development cooperation – cooperation with the United Nations, cooperation on the European level, and international cooperation to combat drug-related crime and to seize the financial assets of drug dealers.*

*The global nature of the drug problem ...*

*»... necessitates comprehensive international cooperation on demand reduction, control of the international trade in psychotropic substances, police cooperation to stop drug trafficking, the coordination of development measures within the cultivating, producing and transit countries and the devising of global strategies to control chemicals which could be misused for the production of illicit drugs.«*

*(National Drug Control Plan 1990, page 44)*

## Opportunities

The economic and social causes for the cultivation of narcotic crops (primarily opium poppies and coca) can be approached by way of development cooperation. The most important instruments in this respect are alternative development and prevention.

Alternative development means promoting measures for regional rural development with the specific goal of reducing drug problems. In this way, alternative sources of income can be made available, social and physical infrastructure can be improved, target group capacities for self-help can be strengthened, and development processes can be supported. This kind of project contributes not only to the control of drugs but also to sustainable human development as a whole.

The same applies to measures for the prevention of drug use. Capacity-building through coping techniques, information and education measures, health information, and the strengthening of the self-help capacities of affected communities and social groups all help to reduce the demand for drugs and constitute at the same time a contribution to social development.

Practical experience with alternative development and prevention activities can, again, be introduced into the national drug policies of the partner country, so that effects may be achieved beyond the confines of the immediate project region.

In a few exceptional cases, German development cooperation supports the strengthening of institutions that control drug trafficking and the crime linked to it (including money laundering), that is, measures in the field of law enforcement, thus making a contribution to good governance. Particular care is taken to avoid any negative effects on human rights.

## Limitations

Basically, the chances for the success of development cooperation in the field of drugs depend on the political, economic and social frameworks of the partner countries, including the partner's political will in regard to drug control, an acceptable level of security in the project region and the existence of executing organisations on site that are capable of implementing the measures needed.

In addition to the usual problems confronting development cooperation projects, in regard to drug control measures it must be noted that drug problems do crop up especially in particularly difficult regions. Work is further complicated by vested interests.

For this reason it is the more important that the frame conditions within partner countries be thoroughly taken into account and that efforts both with local partners and on the international level be coordinated with one another.



Drug control, like development cooperation as a whole, is really about people and human potential.

## Cooperation with partner countries

The Federal Republic of Germany has been cooperating with numerous developing countries on drug control within the framework of development cooperation since 1980. Among the partner countries receiving support bilaterally or via the United Nations are Afghanistan, Bolivia, Brazil, Chile, Colombia, Egypt, El Salvador, Indonesia, Laos, Pakistan, Peru, Thailand and Vietnam.

Most funding is made available for alternative development, although measures for drug prevention and capacity-building for drug control institutions have been and are being supported as well.

Further cooperation is by no means limited to governments. Cooperation with NGOs and community and self-help groups is becoming increasingly important, both in regard to alternative development and, even more, to prevention measures.

Drug control as part of development cooperation only promises success when certain frame conditions obtain, among them political commitment on the part of partner governments. Such a commitment may be expressed, for example, in the formulation of a clear and transparent national drug policy – perhaps in the form of a 'master plan' – in the passing of relevant legislation, in partner governments making their own funds available for drug control, or in the establishment of the requisite institutions with the relevant mandates and sufficient resources. The criteria that apply to development cooperation in general are also applicable in the field of drug control.



Women in Afghanistan: One essential frame condition is equal access of women to development and decision-making processes.

In practice, these frame conditions are not always present. Drug production often takes place precisely in those areas that are – politically, socially and economically – hardly integrated into the rest of the country, over which the government has little control, in which conflict or military confrontation predominates, or in which there are no functioning public institutions. Sometimes it is not even possible to cooperate directly with those in power.

### Criteria for DC

In 1991, BMZ set five criteria for German development cooperation:

- ▶ observance of human rights
- ▶ participation by the people in political decision-making
- ▶ rule of law and guarantee of legal stability
- ▶ introduction of a social market economy
- ▶ state action geared to development

These criteria all aim at frame conditions that promote sustainable human development. They apply equally for DC in the field of drug control.

In such cases, measures should be supported with which the frame conditions for drug control and sustainable human development are being improved. In some cases, direct cooperation with local implementing organisations, NGOs, community institutions or self-help groups is recommended.

DC measures can support drug control processes and sustainable human development and contribute to the solution or easing of certain problems. Their impact, however, can be markedly increased when such projects are also used to strengthen political dialogue on drug problems within the partner country. Possibilities arise in the scope of the on-going dialogue of German embassies and consulates with government institutions, during coordination with other donors, in regular government negotiations on development cooperation, or in the course of visits by German government representatives and politicians.

Experience shows that drug problems and frame conditions can vary extremely from country to country. For this reason it is necessary that for each country with which cooperation is begun a detailed problem analysis be carried out, so that with this foundation, objectives, programmes and strategies may be drawn up that are specifically designed for a given country.

## Cooperation with international bodies

The BMZ takes the opportunity of cooperation with international organisations to urge approaches that are sensible both in terms of drug and development policy and that are consistent with the criteria of development cooperation – including observation of human rights. The BMZ also introduced this position in the draft resolutions for the special session of the UN General Assembly in 1998.

On the European and international levels, Germany cooperates with numerous institutions in the field of drug control, among them various committees and work groups within the European Union, the »Dublin Group« and the United Nations.

The European Commission finances drug control programmes in developing countries and in Eastern Europe. In 1996, some ECU 46 million were made available for this purpose, of which ECU 30 million were employed for alternative development measures in Bolivia. The remaining funds were used in various parts of the world to support prevention, alternative development, institutional capacity-building, and control of precursor chemicals for use in drug processing. In the field of prevention, measures were mostly carried out through NGOs. In other areas, the European Commission cooperated with UNESCO, the Council of Europe and the United Nations International Drug Control Programme.

UNDCP advises governments all over the world on drug issues. Developing countries, most of all, are given support for technical cooperation projects involving solutions to or alleviation of drug problems. The UNDCP derives the necessary funds to finance programs such as these – the annual total amount being US\$ 50 to 60 million – from voluntary contributions from UN member states. The major donors – at present 17 countries and the European Commission – meet with the UNDCP twice a year for informal consultation. The Federal Republic of Germany is among the key donors, the BMZ contributing about DM 5 million and the German Federal Ministry for Youth, Family Affairs, Women and Health an additional DM 1.5 million each year. BMZ funds consist of contributions tied to particular projects and development policy principles.



### **The international drug control system**

*The system is based on three UN conventions:*

- ▶ *The 1961 Single Convention on Narcotic Drugs (amended 1972)*
- ▶ *The 1971 Convention on Psychotropic Substances*
- ▶ *The 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances*

*These conventions regulate the control of hundreds of substances, of which some are entirely forbidden and others may be used for medical or scientific purposes. Most countries have signed these conventions, and their governments are responsible for seeing that they are observed. Their application is supervised, coordinated and supported by international institutions, mainly:*

- ▶ *the UN Commission on Narcotic Drugs*
- ▶ *the International Narcotics Control Board*
- ▶ *the United Nations International Drug Control Programme, which promotes technical cooperation, among other measures, and maintains field offices in some 16 developing countries*
- ▶ *the World Health Organisation (WHO), which examines, among other tasks, which substances are to be included in the Conventions. WHO also concerns itself with legal drugs such as tobacco and alcohol.*

## 3 Strategies

### *Alternative development*

The main strategy for development-oriented approaches to drug control is alternative development.

At the beginning of the 1970s, the international community began supporting developing countries in Asia by assisting 'crop substitution' projects. The first projects of this kind were carried out in Thailand and, a few years later, in Pakistan. The thrust was to replace narcotic crops with other, legal crops. After several years it became clear that more comprehensive measures were necessary to tackle not only marketing and transport problems, but also other economic, ecological and social problems. In the 1980s, an 'integrated rural development' approach was therefore pursued in Asia and from the mid-80s onward in Latin America as well.

At the start of the 1990s, the concept was revised once again, with 'alternative development' as the result.

In contrast to earlier approaches, focus is on improving measures on the project and target-group level (in fields such as target-group orientation, participation, sustainability, or community development), firming the links among various drug control measures, and integrating drug control measures into the overall development of a region or country.

*Alternative development is a process through which the production of illicit narcotic crops is prevented, reduced or eliminated by means of specifically designed rural development measures.*

- ▶ creating both agricultural and non-agricultural alternative sources of income;
- ▶ securing the natural bases of life;
- ▶ improving social and physical infrastructure;
- ▶ promoting social development processes, primarily in the fields of health and education;
- ▶ strengthening community institutions and self-help groups;
- ▶ supporting gender programmes and expanding the possibilities for target group participation;
- ▶ improving the institutional basis for sustainable human development.



Alternative development, as here in Thailand, focuses on the social and economic causes of drug production.



In Bolivia, too, improved access to markets is an important feature of alternative development.

Because in Southeast Asia opiates, which are produced in minority regions, are increasingly used locally, since the start of the 1990s alternative development measures also include activities to prevent drug use.

Alternative development projects need to be sound and feasible not only in terms of drug policy but above all in terms of development policy. The principles of 'normal' development cooperation (DC) (including target-group orientation, participation, gender equity, sustainability, cost-effectiveness, poverty alleviation) thus apply to this sort of measure as well.

Certain frame conditions – including clear political will on the part of the government, on-site executing organisations, and acceptance of the project by beneficiaries – are important for the prospects of success of alternative development. Wherever such frame conditions are not in place, ways must be found to consolidate them.

Alternative development is an open and flexible concept. Since drug problems and the related frame conditions are differently constituted from country to country, the strategy must be adjusted to suit each instance.

*Experience in Asia and Latin America shows that alternative development can contribute to reducing drug production. Even when drug production might yield greater income in the short run, alternative development offers farmers and communities the advantage of improving their overall living conditions, reducing violence, and integrating marginalised regions into the main stream. The drug business cannot offer these possibilities. Experience shows that farmers and communities are not interested solely in maximising their incomes.*

*In comparison to other drug control strategies – such as the eradication of narcotic crops by force – alternative development offers the advantage of greater acceptance among all concerned – from target groups, NGOs and local and national governmental institutions to donor countries and the international community as a whole. Negative impacts – such as conflict or impoverishment of the population – can be avoided.*

## Prevention and community-based drug control

For a long time, development cooperation focused on reducing coca and poppy cultivation. It was only at the start of the 1990s that prevention began to play a greater role.

Prevention strategies are usually divided into three categories:

- ▶ Primary prevention involves discouraging the consumption of drugs by means of information and education, further training for teachers and social workers, and media campaigns.
- ▶ Secondary prevention focuses on high-risk groups and on treatment for persons who have become addicted, and assistance for their social and professional rehabilitation. In this instance, the conveying and practising of coping strategies are paramount. Secondary prevention also plays an important role in preventing HIV/AIDS, because persons who inject drugs are exposing themselves to a greater risk of contracting AIDS.

Prevention purely by means of information campaigns has proved ineffectual in many places. Deterrent messages based on fear often have negative effects. They can arouse curiosity about drugs, damage the credibility of prevention measures and lead to the marginalising of drug users.

It is preferable to promote drug-rejection attitudes and behaviour. Through the concept of ›life skills‹, not only are target group capabilities for surmounting specific everyday problems supported, but also will-power and resistance to negative social influences.

Approaches that involve strengthening self-help capacities within communities or social groups to cope more effectively with drug problems on their own are collectively termed ›community-based drug control‹. Experience in a number of Asian countries, but primarily in Thailand, show that in this way drug problems can be confronted within the context of other development problems.



Manzanilla (Lima), Peru: A comprehensive approach to prevention.

In the field of prevention, development cooperation can make significant contributions, but for these, too, certain frame conditions are important:

- ▶ Partner organisations must acknowledge that there is a drug use problem in the first place.
- ▶ Partner governments must themselves contribute funds for prevention measures and for general social development.
- ▶ Legislation must make co-operation with target groups possible.

- ▶ Tertiary prevention and follow-up are intended to prevent relapse and the worst health and social impacts of drug use. Crisis intervention and employment programmes to promote social and professional reintegration are at the forefront in this case. Methadone and needle exchange programmes to prevent HIV/AIDS and hepatitis are also included.

## Strengthening good governance

Drug problems are often linked to organised, financial and economic crime, corruption, the weakening of state institutions, threats to economic and political reform processes and rule of law, and to problems involving internal security and conflict, that is, with issues surrounding the frame conditions for sustainable human development and good governance.

Efforts to control drug problems are complicated when such frame conditions are not firmly in place: when, for example, resources are insufficient for the responsible authorities to function efficiently, when there are no clear and feasible strategies to refer to, when the political will to control drugs is lacking, when security problems and conflict predominate, when the legal situation is uncertain, or when NGOs cannot participate in drug control measures.

### Good governance

*The term ›good governance‹ has been gaining in significance since the start of the 1990s. It refers to the political and administrative frame conditions that are fundamental to sustainable human development: efficiency, accountability and transparency within the public sector, rule of law and legal stability, constructive interaction among the state, the private sector and the civil society, equal access to political, economic and social processes, observance of human rights and state action geared to development.*

*In terms of BMZ policy, the call for good governance finds expression in the five criteria already mentioned above, which obtain for the area of drug control as well.*

Development cooperation can make a positive contribution to improving frame conditions. It can, for example:

- ▶ raise related issues and initiate a process of change. Experience shows that drug control can be an entry point for the discussion of other politically sensitive issues as well;
- ▶ strengthen the efficiency of public institutions;

- ▶ improve coordination and interaction among drug-control institutions and governmental and non-governmental institutions occupied with development issues;
- ▶ help to formulate pragmatic drug control strategies which are developmentally sound;
- ▶ help to press for political will on the part of governments and partner organisations.

In cooperation in the field of drug control, the issue of drug trafficking may need to be tackled. In regard to this issue, it must be ensured that promotion of law enforcement does not lead to abuse of human rights.

When development cooperation funds are used to support control of drug trafficking, then this must be done in such a way that a direct contribution to good governance is made as well. Possible activities are strengthening the rule of law, nurturing transparency and accountability of police and security forces, and positive measures to promote human rights and the seizure of assets gained from drug trafficking.

As in the case of alternative development and prevention, cooperation for the promotion of good governance must not be limited to governmental organisations. NGOs offer opportunities for cooperation as well.



A poppy field in Afghanistan: Good governance is an important prerequisite for successful drug control.

## 4 Instruments for cooperation

### *German technical cooperation*

Bilateral technical cooperation (TC) is based on agreements between partner countries and the German government. As a rule, the BMZ commissions the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH (German Technical Cooperation) to assist the planning and implementation of TC projects and programmes.



›Skills for employment and self-employment: Non-agricultural sources of income need to be promoted, too.

In the field of drug control, TC pursues primarily alternative development programmes. GTZ has been supporting the implementation of such measures in Thailand since 1981, and similar projects have also been carried out in Bolivia, Colombia and Peru.

Within the framework of TC, prevention measures are increasingly supported as well. Examples are the training of multipliers in Bolivia, measures for primary prevention in Brazil and El Salvador, promotion of youth employment in Medellín, Colombia, municipal youth work in Peru, and capacity-building for organisations working in the field of prevention in Thailand.

The most important task of TC is to increase human resources and institutional capacities in developing countries. In the field of drugs, too, the focus is on technical advisory services:

- ▶ In Peru, for example, GTZ advises the government commission responsible, CONTRADROGAS, on devising alternative development strategies that pinpoint the socio-economic causes for coca cultivation and help to improve the dialogue between affected farmers and governmental authorities.
- ▶ In Bolivia, Colombia and Peru, GTZ advises coffee farmers on how they can make production more ecologically sustainable and lessen their dependence on raising coca. It advises agricultural research institutions on how their work can make an effective contribution to alternative development.
- ▶ In Thailand, community institutions are supported in dealing more effectively with their drug problems. The experience gained on this level is then fed into national drug policy.
- ▶ In Thailand, GTZ has additionally been supporting the drug authority ONCB in carrying out the Thai-German Narcotics Control Programme (TG-NCP) since 1994. This programme is to help the ONCB to cooperate better with other governmental and non-governmental organisations in Thailand. GTZ supports the ONCB in the fields of training, human resources promotion, and prevention, but also in the field of law enforcement. Here as well, it is ensured that support to law enforcement does not lead to abuse of human rights.

#### **The GTZ service package**

*GTZ supports the planning and implementation of alternative development and prevention measures and capacity-building for drug control institutions.*

#### **GTZ**

- ▶ examines the feasibility of project ideas
- ▶ advises governmental and non-governmental partner organisations on project planning
- ▶ supports partner organisations during TC project implementation
- ▶ trains and upgrades personnel of partner organisation
- ▶ procures for projects the necessary materials and equipment
- ▶ awards and manages financing contributions
- ▶ conducts studies, research, workshops and conferences
- ▶ evaluates projects

*GTZ supports the German government in attaining its development goals, but can work for third parties as well.*

## The Drugs and Development Programme

The 'Drugs and Development Programme' (ADE: Aktionsprogramm Drogen und Entwicklung) was started in 1990 and is implemented by GTZ on behalf of the BMZ.

The aim of the Drugs and Development Programme is to help institutions develop greater self-sufficiency in implementing drug-related development measures.

The Drugs and Development Programme is flexible enough to support smaller measures in such fields as alternative development, prevention, or capacity-building of drug control authorities. It can supply experts, commission studies, organise conferences and workshops, and review proposals leading to more comprehensive programmes, and offer advisory services to both institutions and other projects.

Examples of Drugs and Development Programme measures are:

- ▶ the promotion of niche produce in Peru as alternatives to raising coca;
- ▶ the review of project proposals to determine which longer-term and more comprehensive TC measures should be introduced – for example, in Bolivia, Colombia, Laos and Peru;
- ▶ the preparation of a strategy on drugs and development in Asia, which shows how cooperation in this field can be strengthened;
- ▶ the promotion of prevention structures in Bolivia and Brazil;
- ▶ the support for a drug-prevention and human rights campaign in Colombia;
- ▶ an international workshop on drug prevention and rehabilitation in Berlin in March 1998.

NGOs are often the partners of the Drugs and Development Programme.

The Drugs and Development Programme is an important interface between development cooperation and drug control.

The programme brings experience and TC principles – such as target group orientation, participation, sustainability, economic efficiency, and the building of self-help capacities – to drug control, and it aims, conversely, to embed drug control concerns more firmly within development cooperation.

### **The Drugs and Development Programme service package**

*In the field of drugs and development, the programme can:*

- ▶ *identify and assist planning and implementation of quick and short-term drug control measures*
- ▶ *propose, plan and offer technical advice on more extensive measures*
- ▶ *prepare and make available information about drugs*
- ▶ *devise or enhance conceptual approaches and strategies*
- ▶ *promote experience exchange among organisations*
- ▶ *advise governmental and non-governmental organisations and projects.*



Drugs and Development Programme workshop in Laos: The ADE as interface between development and drug control institutions.

## Financial cooperation

Financial cooperation (FC) is intended to help developing countries to increase their potential for production or to exploit it better. It includes efforts to improve social and physical infrastructure and increasingly to protect the environment and natural resources.

German FC is granted by the Kreditanstalt für Wiederaufbau (KfW), which examines the feasibility of individual projects, contributes to their preparation and assists in their implementation.

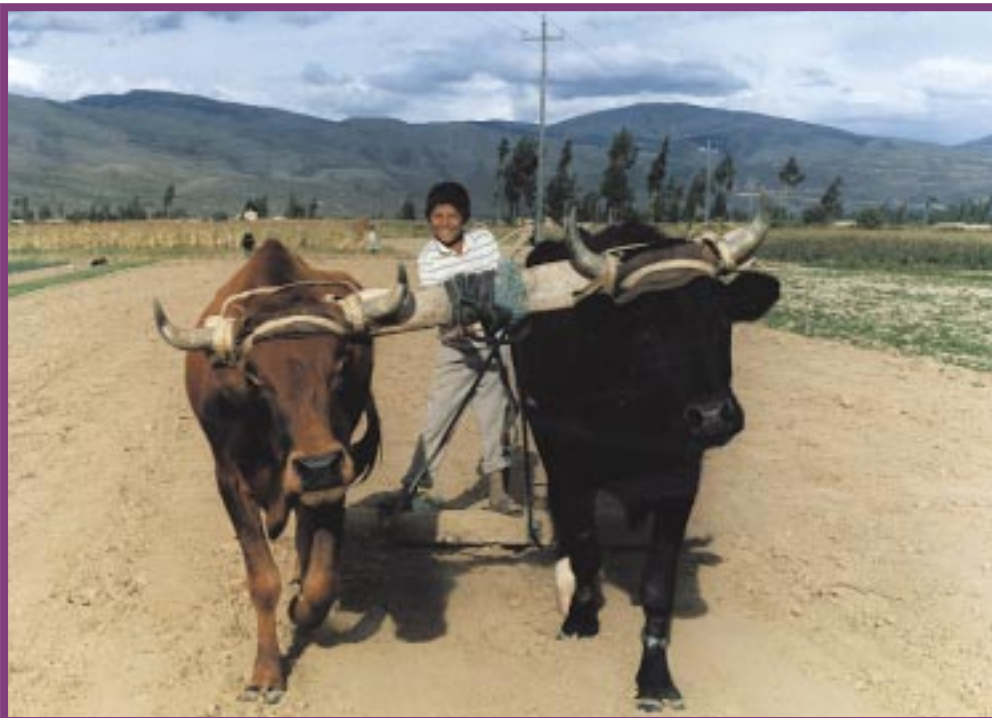
Alternative development measures are particularly relevant to FC, which can:

- ▶ promote the marketing or processing of agricultural products;
- ▶ supply agricultural loans;
- ▶ assist the consolidation of rural infrastructure – including road building, irrigation, and rural electricity supply;
- ▶ explore non-agricultural sources of income;
- ▶ improve living conditions, for example, by promoting improvements in the supply of drinking water, or construction of schools or health facilities.

Examples are:

- ▶ projects in Bolivia to support the supply of potable water, access to electricity, and income-generating measures;
- ▶ a number of comprehensive projects in Bolivia and Peru to improve field irrigation within the context of alternative development;
- ▶ the repair of Route N6 in Laos, thus complementing alternative development projects in the poppy-growing regions of Xieng Khouang and Houaphan by opening up marketing and communication possibilities for these provinces.

FC can also supplement prevention measures by promoting the tackling of social infrastructure and social environment problems, which are often at the root of drug use. One example of this is the project to improve periurban areas in Medellín, Colombia, which supplements the TC measure PAISAJOVEN (see case study below).



Ploughing fields in Bolivia: By improving irrigation and other aspects of infrastructure, financial cooperation can make an important contribution to alternative development.

## Multilateral cooperation: UNDCP

Cooperation with UNDCP, the United Nations International Drug Control Programme, is one more pillar of German TC in the field of drug control. Germany is one of the major donors to the UNDCP.

Drug control is one of the politically most sensitive fields for TC. From the point of view of partner countries, cooperation with the United Nations is often more acceptable than cooperation with a particular donor country. An organisation such as the UNDCP can function in countries and project areas that are inaccessible to bilateral TC.

The UNDCP and its predecessor, the United Nations Fund for Drug Abuse Control (UNFDAC), have been supporting development-oriented drug control measures since 1971. The first crop substitution projects were carried out in Thailand, and similar projects followed in Pakistan and Myanmar starting in the mid-1970s.

From 1984 on, integrated rural development projects were initiated to reduce the cultivation of coca in Bolivia, Colombia and Peru. Among the best-known measures was the Cauca project in Colombia, which was financed from 1985 to 1995 with German funds (Funds-in-Trust, FIT).

UNDCP/UNFDAC have also been supporting prevention measures since the start of the 1970s, but this sector did not gain larger significance until the 1990s. The law enforcement sector has also gained in importance.

UNDCP continues to support governments in drawing up national 'master plans' for drug control and in cooperation among neighbouring countries (sub-regional cooperation).



In cooperation with international organisations, too, the BMZ promotes drug control strategies that are developmentally sound and consistent with human rights.

Among the measures currently being promoted through UNDCP by the BMZ's Funds-in-Trust are:

- ▶ advisory services for alternative development in UNDCP regional offices in Pakistan and Thailand and the UNDCP office in Peru;
- ▶ alternative development in Afghanistan;
- ▶ alternative development projects in the Apurimac-Ene and Huallaga valleys in Peru;
- ▶ the pilot alternative development project in Ky Son, Vietnam.

This commitment has won for the Federal Republic of Germany a reputation within the international community as an advocate of a development-oriented drug policy that is more sustainable and consistent with human rights than are measures focusing exclusively on law enforcement.

## 5 Three countries as case studies

### *Peru: Extending possibilities for alternative development*

Peru is characterised on the one hand by rich resources and on the other by crass inequalities in income distribution. Nearly 60 percent of Peru's population lives in poverty.

Peru is the most important producer of coca leaves and coca paste. Almost half of the world's coca fields are to be found here. Coca production is concentrated in the upper and middle Huallaga Valley, but it also takes place to a significant extent in other valleys, such as the Apurímac or the Ene.

The influence of drug dealers and guerrilla movements limits the authority of the state in the affected areas and increases security problems. Guerrilla movements are financed by the drug business and, in return, protect drug trafficking from state intervention. The drug business as a whole is an important cause of widespread corruption.

Efforts to reduce the cultivation of coca have been made in Peru since the early 1980s. Approaches range from destruction of coca fields to crop substitution projects and compensation of farmers for abandoning coca production. These strategies have proved on the whole to have little effect.



● Coca-growing areas



In Peru, coca is often planted in remote, security-sensitive areas.

Repressive measures and the militarization of anti-drug efforts have antagonised the affected population and exacerbated security problems. In 1990, the Peruvian government rejected these strategies and recognised coca cultivation as a development problem. A solution will now be sought rather in the overcoming of social, economic and political shortcomings.

In 1994, the Peruvian government passed the National Plan on Drug Prevention and Control (1994 – 2000), which prioritises alternative development.

In the process of putting this plan into effect, however, it became clear that knowledge of the complex interrelationships at the root of coca production was too limited, that strategies used in other countries and regions were not necessarily transferable, and that the capacities of the implementing institutions were insufficient.

In 1996, for this reason, GTZ, with BMZ funding, began promotion of the project AIDIA – Proyecto Piloto de Asesoría e Investigación para el Desarrollo Integral Andino-Amazónico (Pilot Project Procedures to Support Alternative Development in Security-Sensitive Regions). This project is to show how alternative development measures may be supported in security-sensitive regions.

As a first step, this project is focusing on determining the causes and effects of coca cultivation, the dependency and power structures within the regions affected, and on experience with projects already carried out not only in Peru but also in Colombia and Bolivia.

A second step will then demonstrate social criteria (including access to education and health services and legal stability), economic frame



The first step in drug control in Peru is to create alternative sources of income.

**AIDIA: project data**

<b>Title</b>	<i>Pilot Project Procedures to Support Alternative Development in Security-Sensitive Regions (AIDIA)</i>
<b>Purpose</b>	<i>To build institutional capacity among the relevant organisations and institutions in regard to formulating, planning and implementing alternative development strategies</i>
<b>Target groups</b>	<i>Governmental and non-governmental organisations and projects</i>
<b>Counterpart organisation</b>	CONTRADROGAS
<b>Duration</b>	1996 - 1998
<b>Form of cooperation</b>	<i>Technical cooperation through GTZ</i>
<b>BMZ-contribution</b>	<i>DM 2.1 million</i>

conditions (production and marketing requirements), and concrete approaches on the project level (e.g., participatory planning and project implementation). Small-scale measures supported by AIDIA can then establish the feasibility of such approaches on the local level. Some examples are improvement of cacao production (cacao-rot control) in Apurímac or promotion of women's centres in Tambopata/Inambari and Yanatile. Such activities have to some extent been taken on by other authorities and organisations and lead to comprehensive and longer-term measures.

In 1997, responsibility for alternative development measures in Peru was transferred to the newly-founded governmental commission CONTRADROGAS. AIDIA now also views support for the management capacity of this commission as its task.

Among the most important interim results are, first, that the participatory methods for project planning and implementation proposed by AIDIA are being taken on increasingly by state authorities and other projects as well. The resulting dialogue between state authorities and target groups helps to build trust and to reduce security problems.

Second, in Peru – and, via an international workshop in Bolivia, in other countries of the Andes as well – the discussion about development approaches to drug control has taken on new life.

Third, AIDIA offers important insights to other projects in countries of the Andes on how to proceed in alternative development programmes.

## ***Alternative development in Thailand: Improving the living conditions of minorities***

In the northern highlands of Thailand live ethnic minorities with a rich variety of cultures, languages, traditions and economic systems. Several of them have lived there for some time; others have immigrated from China, Burma and Laos in the course of the last century. Most of these people earn a living from animal husbandry or from growing rice and field crops for subsistence use. Often opium-poppy farming is one of the few activities with which they can secure some cash income.



In Thailand, poppies are mostly cultivated by highland minorities.

Social and economic change has also come to the mountain villages – not always with positive results. Population pressure and logging are leading to ecological problems and land scarcity. Values and behaviour are changing. Young women and men are leaving for the cities, where some of them work in the sex industry. HIV/AIDS is spreading in highland areas as well. Heroin use has become a great problem, not only in the cities but also in the mountain villages. Drug production, trafficking and use are leading to violence and are threatening social cohesion.

Since the start of the 1970s, the Thai government, with support from the international community, has been implementing measures to reduce poppy growing and develop highland areas. The most important instrument was at first crop substitution and is today alternative development. From 1968 to 1997, annual opium production sank from 146 to about 5 tonnes.

The Thai-German Highland Development Programme (TG-HDP), which began in 1981 and will end in 1998, is one of the most significant measures in this field. The target groups are minorities – Akha, Hmong, Karen, Lahu, Lisu, Shan and Yao – in selected districts of Chiang Rai and Mae Hong Son provinces. When the project began, these population groups were facing the sort of problems with poverty, security and the environment that are characteristic of highland regions, as was the fact that they were producing opium.

The aim of TG-HDP is to improve the living conditions of highland peoples, to reduce drug problems and to maintain an ecological balance.

The TG-HDP was designed to be flexible, so that it could adapt to changing parameters and emerging needs of the target groups.

The spectrum of activities is broad: building community self-help capacities, promoting agriculture and forestry for income security, land-use planning, and other measures that sustain natural resources, improve access to education and health facilities, ensure gender equity and further the consolidation of physical infrastructure so that access to markets is secured.



Self-help groups and community organisations are the agents of social change, which is why they are supported with training and opportunities for experience exchange. Their participation in planning and implementing the measures is ensured.

At the same time, TG-HDP is integrated into existing government structures, in particular into the work of the northern Office of the Narcotics

The long duration of the TG-HDP – 17 years – is witness to the fact that alternative development is a process that needs time. Solutions cannot be quick and sustainable, both.

During this period of time the TG-HDP made a contribution to reducing opium production. In the project regions, production sank from as much as nine tonnes before the initiation of the measures to less than 200 kg in 1996.

<b>TG-HDP: Project data</b>	
<b>Title</b>	<i>Thai-German Highland Development Programme (TG-HDP)</i>
<b>Purpose</b>	<i>To improve the living conditions of highland peoples, to reduce drug problems, and to secure a sustainable ecological balance</i>
<b>Target groups</b>	<i>Some 30,000 people belonging to ethnic minorities in Tambon Wawi (in Chiang Rai province), Nam Lang and Huai Poo Ling (in Mae Hong Son province)</i>
<b>Counterpart organisation</b>	<i>Office of the Narcotics Control Board (ONCB)</i>
<b>Duration</b>	<i>1981 - 1998</i>
<b>Form of cooperation</b>	<i>Technical cooperation through GTZ</i>
<b>BMZ-contribution</b>	<i>ca. DM 40 million</i>

Since the TG-HDP began supporting the ONCB office in Chiang Mai and introducing new approaches, the programme has had an impact beyond the immediate project areas. Strategies for community-based drug control have become an integral part of Thai drug policy. The experience of the TG-HDP is significant for other Southeast Asian countries as well. There, too, ethnic minorities in remote mountain regions are economically dependent on drug production, and physically dependent on drug use.

The TG-HDP has also contributed to sustainable human development in the mountain regions. Most of the villages now have agricultural extension services and access not only to education and health facilities but also to new markets and sources of income. Communities and self-help groups can now cope better than before with ecological problems and with the problems coming in the wake of social and economic change. Living conditions generally are considerably improved.

Control Board (ONCB) based in Chiang Mai. This makes possible on-going cooperation with the responsible authorities on district, provincial and national levels.

The spread of heroin use in the highlands presents a new challenge to the TG-HDP. In 1993 a study was undertaken to analyse the problems of drug use in Mae Hong Son province. This study came to the conclusion that prevention, treatment and reintegration of drug addicts can only hope to be successful if communities and self-help groups play a leading role in the process. This recognition led to a strategy of community-based drug abuse control. The results of this strategy so far indicate that this approach can achieve success in communities that do have light or medium-scale drug problems but which can still draw on some cohesion and internal strength and on community organisations that function at least to some degree. Communities with major drug problems and weak organisations require additional measures to be undertaken by the local authorities.



The Thai-German Highland Development Programme (TG-HDP) promotes community-based drug control to strengthen community self-help capacities.

## ***Prevention in Colombia: Forming networks and improving the quality of people's lives***

Medellín is one of the most violent cities in the world. Robberies, muggings, kidnappings and murders have virtually become part of normal life. Medellín is also a centre for the 'drug cartels'.

Many young people's lives are shaped by violence, drugs and crime. Family, school and local community offer hardly any normal social orientation. About half of Medellín's unemployed are youths and young adults between 15 and 25 years of age.



Medellín is one of the most violent cities in the world.

A 1993 study on drug use in Medellín estimated that some 72,000 persons use marijuana, 30,000 cocaine and 20,000 Basuco, a very inexpensive and particularly detrimental derivative of cocaine. About five times as many men as women use illegal drugs. The most broadly distributed and most problematical drug, however, is alcohol. People commit most violent crimes under the influence of alcohol.

In the early 1990s, there were hundreds of projects and youth initiatives in the periurban areas of Medellín, but they worked in isolation from one another and were not able to achieve structural change.

In 1994, PAISAJOVEN – Programa de Apoyo Institucional y Social a Jóvenes en Medellín (Programme for Institutional and Social Support of Youth in Medellín) – was founded for this reason. It is supported by GTZ. PAISAJOVEN is a network of organisations: representatives of youth organisations, NGOs, the municipal administration, the city council, the school board, municipal organisations, vocational training facilities, the urban youth council, universities, churches and employers' associations all belong and make financial contributions.

The network not only coordinates youth work in periurban areas but also seeks to make it more effective. PAISAJOVEN offers participating organisations, institutions and initiatives advisory and training programmes which they can use to expand and improve the activities they already offer to unemployed young people with neither schooling nor training, to unemployed single mothers, and particularly to persons who come into contact with drug use and drug-related crime. Young people can come directly to PAISAJOVEN for information about vocational training and the job market.

In this instance, prevention is understood in a comprehensive sense that involves the strengthening of resistance factors and survival skills. In the districts where poverty prevails, an approach of this kind is only truly promising when the causes of violence are tackled on every social level.



Only when as many social players as possible take part in the change process can people live together in peace and raise their standard of living.

Part of this effort means improving the quality of living units, infrastructure and public facilities as a whole. Of Medellín's 1.8 million inhabitants, some 200,000 live in about 70 periurban districts that are inadequately provided with utilities. The BMZ also finances – in addition to the PAISAJOVEN TC project – an integrated programme for the improvement of periurban settlements: PRIMED – Programa Integral de Mejoramiento de Barrios Subnormales en Medellín. PRIMED, a financial cooperation measure supported by the KfW, attempts to increase public participation in municipal renewal, to supplement and expand settlement infrastructure – streets and roads, water and sewage, schools, health facilities and recreation opportunities – to renovate apartments and assist residents in clarifying and legalising titles to ownership. In the first phase, measures are focusing on three areas comprising a total of 15 districts, thereby reaching up to 11,000 families.



Urban district renewal in Medellín: The social environment – which often lies at the root of the drug problem – can be improved through financial cooperation.

### Project data

	<b>PAISAJOVEN</b>	<b>PRIMED</b>
<b>Title</b>	<i>Programme for Institutional and Social Support of Youth in Medellín (PAISAJOVEN)</i>	<i>Integrated Programme for the Improvement of Periurban Areas in Medellín (PRIMED)</i>
<b>Purpose</b>	<i>To form networks among public institutions, NGOs and the private sector to improve youth and preventive work</i>	<i>To improve the quality of life in periurban settlements and thus to contribute to reducing drug-related and violent crime</i>
<b>Target groups</b>	<i>Problem groups consisting of youth and young adults in the periurban sections of Medellín</i>	<i>In a first phase, ca. 11,000 families in 15 settlements with an average monthly income of less than US\$ 100</i>
<b>Counterpart organisation</b>	<i>Municipal administration of Medellín</i>	<i>Urban housing corporation CORVIDE</i>
<b>Duration</b>	<i>1995 - 1998</i>	<i>1993 - open</i>
<b>Form of cooperation</b>	<i>Technical cooperation through GTZ</i>	<i>Financial cooperation through KfW</i>
<b>BMZ contribution</b>	<i>DM 3.7 million</i>	<i>DM 13 million</i>

It is PRIMED's aim to improve the quality of life among the population of Medellín's periurban areas. The approaches developed to this end have already been established within the municipal administration. Important principles of PRIMED – such as participatory planning with beneficiaries – found their way into the new legislation for urban reform (1997) and will thus soon be applied in other cities of Colombia.

## 6 Drug control is feasible

### *Reducing problems with drugs*

Drug control within the framework of development cooperation (DC) implies the double challenge of reducing drug problems and promoting development processes simultaneously. Experience has shown that it can be done.

In most of the countries of Asia, opium production has markedly decreased:

- ▶ in Thailand from 146 tonnes in 1968 (before programmes began) to 5 tonnes in 1997;
- ▶ in Pakistan from 800 tonnes in 1979 to 24 tonnes in 1997;
- ▶ in the north-eastern part of Laos, partial success is visible in areas where alternative development measures have been introduced since the end of the 1980s. Between 1992 and 1996, production there sank by about 15 percent;
- ▶ in Vietnam, production was reduced between 1992 and 1995 from 60 tonnes annually to around 10 tonnes.



Working with children and young people in Peru: Drug prevention is steadily gaining in significance.

Progress has been most visible in places where alternative development strategies have been carried out over a longer period of time, that is, in Thailand and Pakistan. This sort of programme did not begin in Laos and Vietnam until the end of the 1980s or the beginning of the 1990s. Sustainable human development is a process that needs time, as do development-oriented approaches to drug control.

Despite this success, poppy-growing in Asia has increased in recent years. However, this is not due to a shift in production, for example, from Pakistan to Afghanistan or from Thailand to Myanmar – that is, to the 'balloon effect' – but rather to the political situation in Afghanistan and Myanmar, which provide fertile ground for drug problems. The prevailing frame conditions have so far permitted the implementation of alternative development programmes only to a very limited extent.

In Latin America, alternative development measures did not begin until the second half of the 1980s, and the successful reduction of coca cultivation is limited to only a few individual cases so far. Coca production is always subject to fluctuation: sometimes success in one project region is neutralised by increased cultivation of narcotic crops in another.

Nevertheless, alternative development programmes are tackling a number of the development problems that are directly bound up with the coca economy, among them by, for example, promoting sustainably forestry, building the capacities of self-help organisations, and expanding the dialogue between organs of the state and farmers' organisations. These and other activities are creating the preconditions for a reduction of coca production overall.

The reduction or prevention of drug use was long neglected. Only in recent years have comprehensive prevention measures been developed and promoted in Asia and Latin America.

Early results indicate that community-based and participatory approaches by communities, social groups and individuals can successfully take on drug use as a development problem. Now it is a matter of applying this recognition on a broader scale and embedding it within other development cooperation measures.

## Promoting development processes

The success of development cooperation in this area should not be judged solely by the degree to which the drug problem has been reduced, but also by its contribution to sustainable human development.

Drug control by means of development cooperation helps:

- ▶ to satisfy basic needs and reduce poverty by increasing production of foodstuffs, diversifying legal income opportunities and improving access to education and health facilities;
- ▶ to secure social, economic and ecological sustainability by strengthening social structures and supporting environmentally sound agricultural practices;
- ▶ to improve opportunities for the participation of disadvantaged groups, including ethnic minorities, women and young people without employment or education, persons with HIV/AIDS, people living in slums, and the homeless;

- ▶ to promote self-help capacities among communities and social groups, such as building capacities of community institutions, women's groups, farmers' organisations and youth groups;
- ▶ to improve political frame conditions by promoting the dialogue between governmental authorities and ethnic minorities or marginalised population groups, to raise the efficiency and transparency of public institutions, to support consolidation of the rule of law, and to raise topics that are politically sensitive, such as human-rights violations, corruption and organised crime.

Development-oriented drug-control strategies thus attain effects that extend beyond the direct objectives of drug control and beyond project regions.



Akha minorities in Laos. The success of drug control measures must also be measured by their contribution to sustainable human development.

## 7 Future prospects

### *Lessons learned*

Important lessons may be learned from the experience of development cooperation (DC) in the field of drug control to date:



Drug control within the context of development cooperation ...

- ▶ The frame conditions for drug control and sustainable human development have proved in many instances to be inadequate. Development-oriented strategies for drug control must therefore seek to improve these frame conditions: that is, to strive for good governance.
- ▶ Realistic objectives must be formulated for development cooperation within the field of drug control. Development cooperation does not pretend to be able to solve the global drug problem: measures first approach drug problems as development problems of particular target groups, and the criterion for success is first of all how they contribute to a diminishing of the problem on this level. Thus drug control is potentially no less feasible than other development cooperation measures.
- ▶ Drug control is less to be seen as a single event than as a process. Development cooperation measures are oriented to supporting this process. An important first step is often the creation of awareness of the problem. Small-scale measures and political dialogue may bring about results here.
- ▶ Drug control requires cooperation and broad consensus. Development policy measures can help to forge such consensus. Alternative development, for example, can often build upon a consensus extending from the farmers directly affected via local and national authorities and governments to development cooperation institutions, donor countries and international organisations.
- ▶ The limited resources available for drug control within the framework of development cooperation must be used efficiently. Their effect can be measurably raised when it is possible to embed drug control measures firmly as a cross-sectoral task within development cooperation as a whole. This is the core of the mandate of the Drugs and Development Programme. But even if it succeeds, institutions such as GTZ continue to need a certain measure of professional expertise within the field of drug control.
- ▶ Strategies, instruments and methodological approaches must be evolved on an on-going basis. In both Asia and Latin America, GTZ can draw upon considerable experience not only in regard to the implementation of alternative development measures but also in terms of conceptualisation. The same is true of prevention: GTZ supports not only a growing number of preventive measures, but also strives to refine and evolve relevant concepts.

## Challenges

### Formulating strategies

Strategies that contribute to drug control and sustainable human development should be formulated and supported within the framework of development cooperation. Among these are strategies for:

- ▶ alternative development, including both concrete projects and capacity-building of partner institutions, including NGOs;
- ▶ community-based drug control oriented to supporting target group self-help capacities;
- ▶ strengthening of partner organisations working in the field of prevention;
- ▶ improvement of frame conditions for drug control and sustainable human development, including strengthening of the political will for drug control and support of positive measures to promote the rule of law, transparency, accountability, security and observance of human rights.

### Supporting implementation

In several countries, such strategies are already at hand, but for various reasons cannot be put into effect. This is where development cooperation can help – by promoting implementation through technical and financial cooperation. The work of NGOs and small-scale measures such as those supported by the Drugs and Development Programme – not to mention on-going political dialogue – can also be of great significance in the process.

### Establishing drug control within development cooperation

Drug control should be anchored more firmly within development cooperation as a cross-cutting issue. This means that other development projects and organisations take drug problems into account in what they do, train their staff accordingly, and, if indicated, introduce alternative development or community-based drug control components into their programmes.

### Support the reaching of consensus

Drug control strategies are most successful when they can build on the broadest possible consensus. The reaching of such a consensus can be supported on various levels:

- ▶ the local level, for example, by the formulation of alternative development or community-based drug control measures;
- ▶ the national level by devising a ›Master Plan‹;
- ▶ the international level within the scope of the United Nations. The special session of the General Assembly of the United Nations on drug control in 1998 offers such an opportunity.



... offers new opportunities and better prospects for the future.

## Projects

The BMZ supports numerous technical, financial and multilateral cooperation measures throughout the world, as the following table indicates. In addition to the funds that the BMZ makes available, partner governments usually make considerable contributions, too.

Country	Title	Duration	Implement.	BMZ contribution (in DM)
<b>Supraregional</b>	Aktionsprogramm Drogen und Entwicklung* (Drugs and Development Programme), ADE	since 1990	GTZ	10.45 m.
	Advisory Services in Alternative Development in Asia and Latin America	since 1995	UNDCP	2.2 m.
	International Workshop on Drug Abuse Prevention and Rehabilitation	1997-1998	GTZ/ADE	125,000
<b>Regional Africa</b>	Development of National Narcotics Control Laboratories in Africa	1987-1993	UNDCP	2.7 m.
<b>Regional Asia</b>	Preparation of a Strategie on Drugs and Development in Asia	1996-1998	GTZ/ADE	240,000
<b>Regional Latin America</b>	Bio-Coffee (Bolivia, Columbia, Peru)	since 1993	GTZ	5.4 m.
	Bio-Coffee Processing Facilities (Bolivia, Columbia, Peru)	since 1996	GTZ/ADE	250,000
	Research orientation for Alternative Development in Bolivia, Columbia and Peru	since 1996	GTZ/IICA	3.15 m.
	Training activities under the Project Research Orientation for Alternative Development	1996-1998	GTZ/ADE	350,000
	Pilot Project Procedures for Alternative Development in Security Sensitive Regions (AIDIA)	1996-1998	GTZ/CONTRA-DROGAS	2.1 m.
<b>Afghanistan</b>	Drug Control and Rural Rehabilitation	1995	UNDCP	987,000
	Poppy Crop Reduction	since 1998	UNDCP	5 m.
<b>Bolivia</b>	Food Security in the Provinces of Arque Bolivar, Tapacari	since 1991	GTZ	15.1 m.
	Special Fund for Alternative Development	since 1991	KfW	5 m.
	Equipment for the national Mapping System	1991-1997	KfW	10 m.
	Rural Development in Ichilo/Sara	since 1992	GTZ	9.7 m.
	Training Programme for Multipliers in Prevention	1992-1997	GTZ/ADE/COPRE/AVE	230,000
	Electrification/Income-generating Activities Larecaja	since 1993	KfW	30 m.
	Plan del Tropico	since 1993	GTZ	8.2 m.
	Sustainable forestry Cochabamba	since 1994	UNDCP	2.2 m.
	Drug Prevention Campaigns	1995-1996	GTZ/ADE	265,000
	Alternative development Sacaba	since 1995	KfW	16 m.
	Rural Development Ayopaya	1993-1996	Deutsche Welthungerhilfe	1 m
	Support to Agro-Industries	1996	GTZ/ADE	170,000
	Therapy Centre for Drug Dependent Children of Santa Cruz	since 1996	Kolpingwerk	408,000
	Studies Fund for National Water Management Programmes (PRONAR)	since 1998	KfW	3 m.
	Irrigation Project Rio Incahuasi	start 1998	KfW	15 m.
Irrigation Comarapa	start 1998	KfW	25.5 m.	
<b>Brazil</b>	Support to Drug Prevention and Treatment Centres in Brasilia	since 1994	ADE/PRODAP	100,000
<b>Chile</b>	National Prevention Campaign	since 1998	GTZ	1 m.

Country	Title	Duration	Implement.	BMZ contribution (in DM)
Colombia	Integrated Rural Development in Cauca and northern Nariño	1986 - 1995	UNDCP	15 m.
	Drug Prevention/Media Campaign	1991 - 1994	GTZ/ADE/ SURGIR	105,000
	Via La Cuidania (Drugs- and Human Rights Campaign)	1993 - 1996	GTZ/ADE	350,000
	Integrated Programme for the Improvement of Periurban Areas in Medellín (PRIMED)	since 1993	KfW	13 m.
	Programme for Institutional and Social Support of Youth in Medellín (PAISAJOVEN)	since 1995	GTZ	3.7 m.
	Appraisal Integrated Rural Development Alto Patia	1994	GTZ/ADE	100,000
	Integrated Rural Development Alto Patia	since 1997	GTZ	5 m.
	Integrated Rural Development Bota Caucana	start 1997	GTZ	5 m.
Support to the Forensic Laboratory	since 1997	GTZ	3 m.	
Egypt	Rehabilitation of Drug Addicts	since 1995	KfW	1.6 m.
El Salvador	Reintegration of youth and prevention activities in war-torn areas	since 1996	GTZ/ Fundasalva	2 m.
Indonesia	Support to Drug Abuse Control	1982 - 1989	GTZ	4.7 m.
Laos	Xieng Khouang Highland Development Programme	1991 - 1995	UNDCP	7.6 m.
	Rehabilitation of National Road N 6	since 1994	KfW	15 m.
	Project Identification/Appraisal	1996 - 1997	GTZ/ADE	150,000
	Lao-German Programme for Drug Control	start 1998	GTZ	5 m.
Lebanon	Integrated Rural Development in the Bekaa-Valley	1994 - 1997	UNDCP	2.1 m.
Nepal	Masterplan/Sectoral Plan for Demand Reduction	1993 - 1996	UNDCP	711,000
Pakistan	Dir District Development Project (DDDP)	1993 - 1996	UNDCP	2.1 m.
	Integrated Drug Demand Reduction Project (IDDRP)	1992 - 1996	UNDCP	1.8 m.
	Drug Prevention for Youth in Peshawar	1998 - 2000	GTZ/ADE/DOST Welfare Found.	120,000
Peru	Media Support for Drug Prevention	1992	ADE/CEDRO	110,000
	Livestock Development Pozuzo	1992 - 1996	GTZ/ADE	365,000
	Alternative Development Apurimac-Ene	since 1995	UNDCP	3.4 m.
	Alternative Development Huallaga-Tal	since 1996	UNDCP	3 m.
	Project Identification Apurimac-Ene	1996 - 1997	GTZ/ADE	120,000
	Promotion of Alternative Produce	1997-1999	GTZ/ADE/ PROTRADE	250,000
	Drug prevention in Manzanilla II (Lima)	since 1997	GTZ/CEDRO	1.4 m.
	Integrated Rural Development Jaén-San Ignacio-Bagua	start 1998	GTZ/INADE	3 m.
	Integrated Rural Development Alto Mayo	start 1998	GTZ/KfW	TC: 3.5m.; FC: 18 m
Thailand	Thai-German Highland Development Programme (TG-HDP)	1981 - 1998	GTZ/ONCB	40 m.
	Appraisal of Thai-German Narcotics Control Programme (TG-NCP)	1991	GTZ/ADE	223,000
	Thai-German Narcotics Control Programme (TG-NCP) (Prevention, Institution Building, Law Enforcement)	since 1994	GTZ/ONCB	8.0 m.
	Community-based prevention in northern Thailand	1994 - 1996	UNDCP	404,000
Vietnam	Pilot Project Alternative Development in Ky Son	since 1995	UNDCP	4.7 m.

\* This list is not necessarily complete. The measures labelled 'GTZ/ADE' are included within the total ADE budget.

## Background literature

The following reports were drawn upon:

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- ▶ Bundesminister für Jugend, Familie, Frauen und Gesundheit/Bundesminister des Innern 1990: Nationaler Rauschgiftbekämpfungsplan. Bonn.
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- ▶ Thai-German Highland Development Programme: assorted project reports (Internal Papers). Chiang Mai.
- ▶ United Nations International Drug Control Programme 1997: World Drug Report. Oxford.
- ▶ United Nations International Drug Control Programme 1997: Economic and Social Consequences of Drug Abuse and Illicit Trafficking (UNDCP Technical Series No. 6). Vienna.
- ▶ United States Department of State/Bureau for International Narcotics and Law Enforcement Affairs 1997: International Narcotics Control Strategy Report (March 1997). Washington.

## Abbreviations

<b>ADE</b>	Aktionsprogramm Drogen und Entwicklung (Drugs and Development Programme)
<b>BMZ</b>	Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung (the German Federal Ministry for Economic Cooperation and Development)
<b>DC</b>	Development Cooperation
<b>EMCDD</b>	European Monitoring Centre for Drugs and Drug Addiction
<b>FC</b>	Financial Cooperation
<b>GTZ</b>	Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH (German Technical Cooperation)
<b>KfW</b>	Kreditanstalt für Wiederaufbau
<b>NGO</b>	Non-Governmental Organisation
<b>TC</b>	Technical Cooperation
<b>UNDCP</b>	United Nations International Drug Control Programme

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